

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING

# Monitoring Review Instrument

# Element 1: Designation of EO Officers

- Methods of Administration, Element 1
- 29 CFR Part 37.23 through 37.28

	25 51 11 41 51 25 41 52 91 51 25
1.	Name of Local EO Officer:
2.	To whom does the EO Officer report? Please provide a job description for the EO Officer.
3.	Describe any non-EO related job functions that may create a conflict of interest or the appearance of a conflict of interest.
4.	How is the EO Officer's identity made known to participants and service providers?
5.	On what internal and external communications concerning the Local Workforce Investment Area's (LWIA) nondiscrimination and equal opportunity programs does the EO Officer's identity and contact information appear? Please provide examples.
6.	Does this person:  • Process complaints?
	Review participant reports for equity of service?

	<ul> <li>Conduct on-site visits to service providers and contractors or review monitoring reports to ensure that the LWIA and its contractors are not violating their nondiscrimination obligations?</li> </ul>
	Provide EO training to staff and contractors?
	Review written policies to make sure they are nondiscriminatory?
	Develop and publish discrimination complaint procedures?
7.	What equal opportunity training has been provided to staff within the LWIA? (Please specify dates and locations)
8.	What training has been provided to service providers and contractors? (Please be specific)
9.	What professional training has the Local EO Officer attended? Identify the training received and dates:
10.	Describe staffing support for the EO Officer, if any.
	Do you need technical assistance in this element? If so, explain:

### Element 2: Notice and Communication

Reference:

- Methods of Administration, Element 2
- 29 CFR Part 37.29 through 37.36

11.	Where	are	the	WIA	"Equal	Opportunity	is	the	Law"	posters	displayed	and	which	versions	are
	display	ed-	-Eng	lish, S	panish o	r both?									

Are they posted in reasonable numbers and places?

Are the posters centrally located and in plain sight?

- 12. How is it ensured that participants are notified of their rights to file a complaint? Does the form include the required WIA "Equal Opportunity is the Law" language? Please provide copies of applicable documents.
- 13. What steps are taken to see that continuing notice is provided in the appropriate language when a significant number or proportion of the population eligible to be served, or likely to be directly affected, need services or information in a language other than English?
- 14. What equal opportunity tagline is included in brochures, pamphlets and flyers?

In which is it included?

What other forms of communications is the tagline included in? (i.e., materials distributed or communicated in written, oral or electronic form to applicants, staff and the general public)

Is the tagline included in public announcements and broadcasts?

The appropriate tagline indicates that the WIA Title I-financially assisted program is an "equal opportunity employer/program," and that "auxiliary aids and services are available upon request to individuals with disabilities."

Please provide examples.

15	. How does the LWIA ensure that continuing notice is provided to the following applicable groups that i does not discriminate on any prohibited ground:
	Applicants, registrants, participants
	Employees and applicants for employment
	Other recipients of WIA funds in the LWIA
	Members of the public
	Members of the public with disabilities, including impaired vision and hearing
	<ul> <li>Unions or professional organizations that hold collective bargaining or professional agreement with your organization</li> </ul>
16.	Describe how photographs and other pictorial displays include and portray positive images of women, minorities, and individuals with disabilities and persons of varying age groups engaged in a variety of workplace and skilled training capacities.
17.	How has the LWIA communicated the requirement not to discriminate on the basis of disability and the obligation to provide reasonable accommodations to its subrecipients?
18.	What efforts does the LWIA make to ensure that communications with individuals with disabilities are just as effective as communications with others?
	In all communications indicating that the LWIA/Agency may be contacted by telephone, is the telephone number for the TDD/TTY or relay service provided?
19.	How is the Equal Opportunity Notice provided in alternate formats for individuals with visual impairments?

### Do you need technical assistance in this element? If so, please explain:

### Element 3: Assurances

### Reference:

- Methods of Administration, Element 3
- 29 CFR 37.20 through 37.22
- 20. Do contracts contain the approved equal opportunity assurance language?

Please provide an example of a contract Equal Opportunity Assurance section.

- 21. How is the contractor or service provider made aware that the EO assurances is incorporated by operation of law whether or not it is physically incorporated in the contract or agreement?
- 22. How do you insure equal opportunity and nondiscrimination for employees?

What equal opportunity and nondiscrimination policies are in place for employees? Please provide a copy.

Do you need technical assistance in this element? If so, please explain:

## **Element 4: Universal Access**

- Methods of Administration, Element 4
- 29 CFR Part 37.42

23	Describe efforts to conduct a demographic analysis of the population to be served in the LWIA using labor market information?
24.	What reasonable steps has the LWIA taken to ensure services and other information is provided to Limited English Proficient persons?
25.	In what languages is information within the LWIA provided, other than English?
26.	What documents have been determined "vital" and translated into languages designated as essential?
	Please provide examples.
27.	Where telephone numbers are indicated, what alternate provisions are listed for the hearing impaired, such as TTY/TDD or relay service?
28.	Which brochures, pamphlets and flyers include a TTY/TDD or Relay Service telephone number for the hearing impaired.
29.	How are the required notifications provided in alternative formats for the visually impaired?

- 30. How do training providers provide programmatic and architectural accessibility for individuals with disabilities?
- 31. What outreach plans, strategies, and activities have been identified for various groups (members of both sexes, various racial and ethnic groups, individuals with disabilities, individuals in differing age groups) served?

Do these measures include:

Advertising?

Notices to schools and community service groups?

Consultation with community service groups?

Do you need technical assistance in this element? If so, please explain:

## Element 5: Compliance with Section 504

- Methods of Administration, Element 5
- 29 CFR Part 37.7 through 37.9
- 29 CFR Part 37.54(d)(2)(v)
- 29 CFR Part 32 Subparts B and C
- 32. Does the Local Workforce Investment Area have an Americans with Disabilities Act (ADA) self-survey on file? If yes, provide a copy.
- 33. Have ADA assessments been completed for One-Stops and Affiliates? If so, please explain the shortfalls? If not, when are they anticipated?

- 34. If structural changes are needed, does the LWIA have transition plans on file? If so, please provide a copy. If not, please explain when they are anticipated to be completed.
- 35. Are contractor and service provider sites accessible to individuals with disabilities?
  - Is there at least one entrance to the buildings that are wheel chair accessible? If yes, does it have the international symbol for accessibility for individuals with disabilities posted? If no, where are these clients directed to go? Explain.
  - Do inaccessible entrances have signs indicating the location of the nearest accessible entrance?
     Explain.
  - Are there designated restrooms with appropriate signage available for individuals with disabilities? Explain.
  - Are TTY/TDD or Relay Services available for use? Explain.
  - How often are contractor's facilities monitored to ensure accessibility?
- 36. Describe efforts to prohibit discrimination on the basis of disability in <u>employment</u> practices by the LWIA and its partners.
  - Requiring the provision of reasonable accommodations in employment, when appropriate.
  - Reviewing job qualifications to ensure that it does not use selection criteria that screen out or tend to screen out an individual with a disability on the basis of that disability unless the criteria is job related for the position in question and consistent with business necessity.
  - Prohibiting preemployment inquiries regarding disability except to ask for the individual to selfidentify himself or herself as a person with a disability on a voluntary basis for reporting purposes and will be maintained confidentially.
- 37. How does the LWIA insure that it does not aid or perpetuate discrimination by providing significant assistance to a person or entity that discriminates on the basis of disability?

38	. How does the LWIA incure that programs and activities are administered in the most integrated settings possible?
39	How does the LWIA insure that, in determining the site or location of a facility, selections are not made that have a discriminatory effect?
40.	How does the LWIA insure that eligibility criteria that screen out or tend to screen out an individual with a disability or class of individuals with disabilities are not imposed unless such criteria can be shown to be necessary for the provision of the aid, benefit, service, training, program or activity being offered?
41.	How does the LWIA insure that an individual with a disability is not required to accept an accommodation, aid, benefit, service, training, or opportunity that the individual chooses not to accept?
42.	How does the LWIA insure that, for employment-related training, the selection criteria are reviewed to ensure that they do not screen out, or tend to screen out, an individual with a disability or any class of individuals with disabilities from fully and equally enjoying the training unless the criteria can be shown to be necessary for the training being offered?
43.	Please describe the availability of assistive equipment for individuals with disabilities.
44.	Please describe the LWIA web site in regards to its ADA accessibility.
45.	Please describe any reasonable accommodations that have been provided for applicants, participants, or employees with disabilities.

How are reasonable accommodations provided regarding the registration for, and the provision of, aid, benefits, services or training-including core and intensive training-and support services to qualified individuals with disabilities?

Describe how you meet the obligation of a recipient to operate programs or activities so that, when viewed in their entirety, they are readily accessible to qualified individuals with disabilities, through means such as: redesign of equipment; reassignment of classes or other services to accessible buildings; assignment of aides to beneficiaries; home visits; delivery of services at alternative accessible sites; alteration of existing facilities and construction of new facilities in conformance with standards for new construction; or any other method that results in making its program or activity accessible to individuals with disabilities?

Does the Local Workforce Investment Area have a written reasonable accommodation policy? If so, please provide a copy.

46. Describe how medical condition information is maintained separate from other files and secured.

Do vou need technical assistance in this element? If so, please explain:

## Element 6: Data and Information Collection and Maintenance

- Methods of Administration, Element 6
- 29 CFR Part 37.37 through 37.49
- 47. Please explain how EO data has been collected (race/ethnicity, sex age, and where known, disability status) within the LWIA?
- 48. Please explain how statistical/quantifiable analysis with regards to the population being served has been conducted?

- How are these data maintained under safeguards that will restrict access to authorized personnel only? Please explain.
- · Are the records kept for a period of three years?
- How is staff made aware that data must be collected on race, sex, age, disability, etc.?
- How is the data collected by staff?

Do you need technical assistance in this element? If so, please explain:

# Element 7: Monitor Recipients for Compliance Reference:

- Methods of Administration, Element 7
- 29 CFR Part 37.51 through 37.54
- 49. List the EO Officer monitoring visits conducted for One-Stops, Affiliates and service providers.

How often is on-site monitoring conducted?

Please provide a record and/or summary report of the EO monitoring visits (dates, locations, entities and findings) since your last WIA Monitoring review.

Do vou need technical assistance in this element? If so, please explain:

## Element 8: Complaint Processing Procedures

Reference:

- Methods of Administration, Element 8
- 29 CFR Part 37.70 though 37.89
- 50. What discrimination complaint policies and procedures are used in the LWIA? Please provide copies.
- 51. Explain how customers and employees obtain a copy of the discrimination complaint policy and procedures and/or discrimination complaint form?
- 52. Does the discrimination complaint log for formal discrimination complaints include the following:
  - Name and address
  - Basis of complaint
  - Brief description of complaint
  - Date filed
  - Disposition

Please provide a copy of the discrimination complaint log for review.

53. Please list any formal complaints that have been filed with the LWIA since the last EO monitoring visit.

### Please respond to the following concerning each complaint:

- Was the complaint filed within 180 days?
- Was the complainant provided a written notification of receipt of the complaint within 10 days?
- Was the complainant provided a written statement of each of the issues raised in the complaint and whether you would accept or reject each issue?
- Was the complainant sent a written notice of lack of jurisdiction when the LWIA determined that it did not have jurisdiction over a complaint?

- Was the complainant notified that they have the right to representation in the complaint process?
- Was the complainant offered Alternative Dispute Resolution as an effort to resolve the complaint?
- Was the complainant provided a written Notice of Final Action within 90 days of the date the complaint was filed?
- Did the Notice of Final Action contain your decision on each issue and an explanation of the reason underlying the decision?
- Did the Notice of Final Action inform the complainant that he/she has a right to file a complaint
  with CRC within 30 days of the date in which the Notice of Final Action is issued if he/she is
  dissatisfied with your final action on the complaint?
- Has the State EO Officer been advised of the complaint?
- 54. Describe the process established to keep the discrimination complaint records for a period of three years?
- 55. Describe the process for keeping the identity of the complainant or any individual who furnishes information relating to, or assisting in, an investigation confidential to the extent possible, consistent with a fair determination of the issues.
- 56. How is an individual who filed a complaint, opposed a practice prohibited by the nondiscrimination and equal opportunity provisions of WIA, or assisted or participated in any manner in an investigation protected from discharge, intimidation, retaliation, threat or coercion?
- 57. Describe the LWIA policy for handling discrimination complaints from contractors regarding participants.

## Do vou need technical assistance in this element? If so, please explain:

Element 9:	Corrective	<b>Actions</b>	'Sanctions
------------	------------	----------------	------------

Reference:

- Methods of Administration, Element 9
- 29 CFR Part 37.54

58.	Describe the LWIA	procedures for	obtaining	voluntary	compliance	when	equal	opportunity	violations
	are found.								

What is the follow up policy for violations?

59. Describe any corrective actions/sanctions taken against contractors since the last monitoring review.

Do you need technical assistance in this element? If so, please explain:

Completed By (Signature) and Date:

If you have questions, please contact:

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING REVIEW INSTRUMENT

## **Program Recruitment and Assessment**

١.	cal Workforce investment Area (LWIA):	
	cation:	
	cruitment/Outreach service provider:	
Pr	ogram(s) (e.g., Youth, Adult):	
Pe	rson(s) interviewed:	
	Name:	Position:
	Name:	Position:
	Name:	Position:
Int	erviewer:	Date:
Pr	ogram Recruitment	
1.	Describe your recruitment (marketing and outretc.).	each) process (e.g., school visits, media ads,
2.	Who is responsible for recruitment, by name ar	nd job title?
3.	How is the eligible population determined (for t	ne program(s) listed above)?

4.	What media are used to recruit applicants? What specific resources are used to recruit racial/ethnic minority applicants, female applicants, veterans, and applicants with disabilities?
5.	When does a "customer" officially become an "applicant"?
6.	How often is orientation offered to potential applicants? What is the "typical" number who attend?
7.	Who is responsible for conducting the orientation (by name and title)?
8.	What is the format of the orientation? [Lecture only? Video? Question and answer? (etc.)]
9.	How is it determined whether a customer will need an accommodation (because of a disability) in order to attend orientation or to apply for services?
10.	What attendance records are kept for each orientation session?
11.	Are there follow-up contacts with individuals who attend orientation but do not complete an application?
12.	Are there occupations that are in high demand in your region? (If so, name them)
Pro	ogram Assessment
13.	Describe the assessment process.
14.	Are there locally developed forms (that is, forms developed within the region) that are used in the process? (Describe)

15. Who evaluates the information provided on the application for services?
16. Are all applicants tested? If not, who or what determines which applicants are tested?
17. How are the tests scored? Is there a cut-off score to indicate "failed" or "passed"?
18. What tests, by name, are administered, and have they been validated?
19. Who administers the tests, and where?
20. Who scores the tests, and interprets the results?
21. How is consistency of interpretation determined?
22. Do test scores determine eligibility and placement in all programs or just in certain programs? (Name, if appropriate)
23. Are service providers, other than assessment staff involved in assessment, selection, and placement of individual into programs? (If so, describe)
24. What happens to someone who is not accepted into a particular program of his or her choosing?
25. Are individuals who do not qualify for WIA Title I programs informed of possible alternatives? (If so, describe)

- 26. Are individuals who are not selected for Title I programs tracked? If so, are any data retained on those individuals, and where is the information kept?
- 27. What accommodations are available for the applicant with disabilities or impairments during application and assessment, and are readers available to visually impaired persons who do not use Braille?
- 28. Discuss the percentage of women and racial/ethic minority applicants and participants who go into nontraditional jobs. How are applicants informed of opportunities in nontraditional jobs?

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING

## **EO Staffing Data**

Local Workforce			
Investment Area:		·	
Site:	 		

Staff Positions	All Employees White		Black Asian		Amer. In. or Alaska N. Nat. Hawaiian or Pac. Is.		Hispanic or Latino		Not Hispanic or Latino		Individual with a Disability								
	Total	М	F	Μ	F	М	F	М	F	М	F	М	F	М	F	M	F	М	F
												_							
							•												

This form collects demographic information on staff. It should be completed and returned prior to the on-site review.

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING GUIDE

# Participant File Review Worksheet

Date of File Review:		
LWIA/One-Stop/Service Provider:	Monitor:	
· .		

					<del></del>					
	Participant's Name	Last Four	Program	Gender	Race/ Ethnicity	LEP	Disability	Medical Condition Information	Inappropriate Comments	Notice
#	Participant's Name									
1										
2	·						· · · · · · · · · · · · · · · · · · ·			
3										
4										
5		<del></del> -								
6		<del></del>								
7					,					 
8										
9										
10										i
11										
12										
13										
14	`									
15										
16										
17				-						i
18				<del> </del>	<u> </u>					
19				-	<del> </del> -					
20			<del> </del>							
21					<del> </del> -					
22				-				-		
23			<u> </u>			-				
24			<u>L</u>		<u> </u>		<u> </u>	1		

									te	
	D. C. is suite Nomo	Last Four	Program	Gender	Race/ Ethnicity	LEP	Disability	Medical Condition Information	Inappropriate Comments	Notice
#	Participant's Name									
25				<del> </del>						
26				ļ						
27				<del> </del>						
28				ļ					-	
29			<del> </del>				-	1		
30		<u> </u>	L		L	L.—	<u> </u>	1	1	L

#### Key

Last Four: Last four digits of the Social Security #

Disability: Is the participant registered as a person with a disability on the registration sheet?

Medical Condition Information: Is there any medical condition information in the file that could be construed as revealing a disability or relating to a disability? This includes information in case notes.

Inappropriate Comments: Subjective or Inappropriate Comments?

Notice: Is a signed copy of the "Equal Opportunity is the Law" notice (29 CFR 37.30) retained in the participant file?

### Remarks

#	
İ	
1	
1	
<b>——</b>	
1	

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING

## **Client Interview**

Interviews should be conducted in a location that ensures privacy.

Sample introduction: "I am conducting a monitoring review of this office. [Provide a business card.] I would like to ask you a few questions regarding your experiences with this office. Your participation is completely voluntary. Neither your participation nor your responses will in any way affect the services you receive from this office. Absolutely none of the information will be recorded in any files pertaining to you. Do you have any questions regarding this?"

terviewer:	
ocation:	
ate:	
lient City of Residence:	
"The following is strictly <u>voluntary</u> and will be status in receiving b	e treated confidentially. It will not affect your penefits or services:"
Please indicate the following:	
Gender: Male Female	
Ethnic Origin: Hispanic or Latino	□ Not Hispanic or Latino
Race (Check all that apply):	American Indian or Alaskan Native
	☐ Asian
	☐ Black or African American
	Native Hawaiian or Other Pacific Islander
	☐ White
Are you an individual with a disability?	☐ Yes ☐ No

1.	Please describe the frequency of your visits or contacts here:
2.	Do you feel that this office is accessible to all, regardless of their:  Race/Color/Ethnicity?  Sex or Gender?  Disability?  Religion?  National Origin?  Age?
	Limited ability to speak or understand English?
	• Citizenship?
	Political Affiliation or Belief?
3.	What recommendations, if any, do you have in order to assist the office in providing universal access?
4.	What is your opinion of the quality of service provided here?
5.	Did anyone inform you of your equal opportunity/nondiscrimination rights as a program applicant or participant? (For example, did anyone inform you of what to do if you believe you were discriminated against based on your race, gender, age, disability, national origin, etc.?)
	When you registered, did you get a copy of those rights?
6.	Do you have any comments, concerns, or suggestions about the program?
	"Would you like to be contacted regarding your concerns?"
	If so:
N	ame:
А	ddress:
C	ity, State, Zip:
F	hone:
	Thank you.
1	IASWA Equal Opportunity Committee 2 Client Interview Form

Employee Interview Form

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING GUIDE

# **Employee/Staff Interview**

Assure the employee that his/her name will not be a part of the review record, only the nature of his/her response.

En	Employee's function in the office:							
Int	Interviewer:							
Lo	Location:							
Da	te:							
1.	What training have you received regarding Equal Opportunity requirements related to your work?							
	When and where?							
2.	Does your local supervisor or manager discuss equal opportunity and equal access for clients with the staff?							
3.	What arrangements are made to provide services to limited English proficient individuals? (Identify staff and partners used to help customers)							
4.	Are you aware of languages spoken by customers in this area who are limited English proficient? What are they?							
5.	Where do you obtain the unit's policies, procedures or guidance regarding limited English proficiency?							

NASWA EO Committee

6.	Do you have any questions on how to serve limited English proficient individuals?
	If so, what are they?
7.	What arrangements are made to provide services to the visually impaired, deaf clients, and non-ambulatory clients? (Please be specific)
8.	What do you do if a person comes in with a need for an American Sign Language interpreter?
9.	Do you know who to ask when you have a question about services to individuals with a disability?
Э.	Please explain and be specific.
10.	Are you aware of local policies and procedures regarding individuals with disabilities? Where do you find the policies, procedures or information?
11	Do you have any questions on how to serve individuals with disabilities? If so, what are they?
11.	bo you have any questions on now to serve marviadate with disabilities. If on what all a way,
12.	Are you involved with job orders?
	If so, what is your understanding of nondiscriminatory job orders?
40	What do you do if a client tells you that she feels she has been discriminated against by you or
13.	someone in your office because of her race/ethnicity, color, religion, sex, national origin, age, disability, political affiliations or belief, or for WIA Title I program beneficiaries, her citizenship or
	participation in a WIA Title I financially-assisted program?

	Do you know what her rights are? Please explain.
14.	What do you do if you feel <u>you</u> have been discriminated against because of your race/ethnicity, color religion, sex, national origin, age, disability, political affiliation or belief, or for WIA Title I program beneficiaries, citizenship or participation in a WIA Title I financially assisted program?
	Do you know what your rights are? Please explain.
15.	Do you have any questions or comments?
	Thank you.

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING GUIDE

# **Exit Meeting/Exit Conference**

Monitor(s):		
Local Office Representative	s):	
	Preliminary Observations/Findings	
•		
Local Office Comments:		
	Initial Areas of Concern	
•		
Local Office Comments:		
	Feedback from the Local Office	
•		

# EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING GUIDE

# **Monitoring Report**

ervice Provider:	Date of Review:
er:	Monitor:
·	
RECOMMENDED	CORRECTIVE ACTIONS
Deficiency	Recommended Corrective Action
	RECOMMENDED

### **TECHNICAL ASSISTANCE REQUESTED**

Request	Response	
		-

### **INTERVIEW RESULTS**

### Interviews with Staff

- Number of staff interviewed:
- Overall knowledge of rights:
- Overall understanding of illegal job orders:
- Overall understanding of access for LEP persons:
- Overall understanding of access for individuals with disabilities:

#### Interviews with Clients

- Number of clients interviewed:
- Race/Gender of Clients:
- Overall client response regarding services:
- Overall client recommendations: